

RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION

Submit to municipal clerk. **Read instructions on reverse side.** BTAVN 208096
For the license period beginning **7/1/2021**; ending **6/30/2022**

TO THE GOVERNING BODY of the CITY OF MILWAUKEE, MILWAUKEE COUNTY

Aldermanic District No. **3** OHLSSON, Aaron, Agent

Type of Legal Entity: **Limited Liability Company**

Complete A or B. All must complete C.

A: Individual or Partnership:

B: Full name of Corporation/Nonprofit Organization/Limited Liability Company: **ARO Management LLC**

Applicant's Wisconsin Seller's Permit Number: 456-1029529246-02	
Federal Employer Identification Number (FEIN):	
LICENSE REQUESTED ▶	
TYPE	FEE
<input type="checkbox"/> Class A Beer	\$
<input checked="" type="checkbox"/> Class B Beer	\$
<input type="checkbox"/> Class C Wine	\$
<input type="checkbox"/> Class A Liquor	\$
<input type="checkbox"/> Class A Liquor (cider only)	N/A
<input checked="" type="checkbox"/> Class B Liquor	\$
<input type="checkbox"/> Reserve Class B Liquor	\$
<input type="checkbox"/> Class B (wine only) winery	\$
Publication fee	\$
TOTAL FEE	\$

C. 1. Trade Name ▶ **The Miramar Theatre** Business Phone Number **(262) 408-7533**

2. Address of Premises ▶ **2844-46 N OAKLAND AV** Post Office & Zip Code ▶ **Milwaukee WI 53211**

3. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and
brewpubs? ☒ Yes ☐ No

4. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms
including living quarters, if used, for sales, service, consumption and/or storage of alcohol beverages and records. (Alcohol beverages may be sold
and stored only on the premises described.)

Entire first floor & Basement storage

5. Legal description (omit if street address is given above):

6. a. Since filing of the last application, has the named licensee, any member of a partnership licensee, or any member, officer, director, manager or
agent for either a limited liability company licensee, corporation licensee, or nonprofit organization licensee been **convicted of any offenses**
(excluding traffic offenses not related to alcohol) for violation of any federal laws, any Wisconsin laws, any laws of other states, or ordinances of
any municipality? **If yes, complete the reverse side** ☐ Yes ☒ No

b. Are **charges for any offenses presently pending** (excluding traffic offenses not related to alcohol) against the named licensee or any other
persons affiliated with this license? ☒ Yes ☐ No

If yes, complete the reverse side ☒ Yes ☐ No

7. Except for questions 6a and 6b, have there been any changes in the answers to the questions as submitted by you on your last application for
this license? ☐ Yes ☒ No

If yes, explain.

8. Was the profit or loss from the sale of alcohol beverages for the previous year reported on the Wisconsin Income or Franchise Tax Return of the
licensee? ☒ Yes ☐ No

If not, explain.

9. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

10. Does the applicant understand that alcohol beverage invoices must be kept at the licensed premises for 2 years from the date of invoice and
made available for inspection by law enforcement? ☒ Yes ☐ No

11. Is the applicant indebted to any wholesaler beyond 15 days for beer or 30 days for liquor? ☐ Yes ☒ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully
answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the
applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned
further understands that any license issued contrary to Chapter 125 of the Wisconsin State Statutes shall be void, and under penalty of state law,
the applicant may be prosecuted for submitted false statements and affidavits in connection with this application. Any person who knowingly
provides materially false information on this application may be required to forfeit not more than \$1,000.

Aaron Ohlsson

Aaron Ohlsson (Apr 12, 2021 23:01 CDT)

(Officer of Corporation/Member/Manager of Limited Liability Company/Partner/Individual)

TO BE COMPLETED BY CLERK:

Date received and filed with municipal clerk	Date reported to council/board	Date license granted
License number issued	Date license issued	Signature of Clerk / Deputy Clerk

INSTRUCTIONS FOR RENEWAL ALCOHOL BEVERAGE LICENSE APPLICATION (AT-115A)

THIS RENEWAL FORM CANNOT BE USED IF:

1. There is a change in business entity (i.e. individual has changed to partnership or corporation/limited liability company; partnership changed to individual or corporation/limited liability company; corporation changed to individual, partnership or limited liability company) and if limited liability company has been dissolved.
2. Partners are added or dropped.
3. Application is made in a different municipality.

PARTNERSHIPS:

Indicate full name and home address of each partner. One partner must sign application. **Reminder:** If partners have been added or dropped since your last application, you must use Form AT-106 (Original Alcohol Beverage License Application).

CORPORATIONS:

One owner must sign application. Be sure to answer Question No. 7 by indicating any change of owners, agent, and/or changes in home address. If there are any changes in owners or agent each must complete Form AT-103 (Auxiliary Questionnaire). If there has been a change in agent since your last approved agent, he/she must complete Form AT-104 (Schedule for Appointment of Agent) AND AT-103 (Auxiliary Questionnaire) in addition to this (AT-115) form.

LIMITED LIABILITY COMPANY:

One owner must sign application. Follow procedure under Corporations for any change of owner or agent.

NOTE: Use ink or typewriter when filling in applications. Be sure to answer all questions fully and accurately. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

DISCRIMINATION CLAUSE:

The applicant shall not willfully refuse to provide those services offered under this license or refuse to employ or discharge any person otherwise qualified because of race, color, creed, sex, national origin or ancestry; the applicant shall not seek information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion solely on the basis of such information. The applicant also shall not discriminate against any member of the military service dressed in uniform by willfully refusing services offered under this license.

Complete, sign and return this form to the clerk.

If answer to Question No. 6a and/or 6b on the reverse side is "YES," outline details below"

CONVICTIONS

1. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

2. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

3. NAME _____ STATUTE NO./LOCAL ORDINANCE _____
CHARGE _____ WHERE CONVICTED _____
DATE _____ PENALTY _____ ☐ MISDEMEANOR ☐ FELONY

PENDING CHARGE

1. NAME Aaron Ohlsson STATUTE NO./LOCAL ORDINANCE Ord. 90-15-3-A-1
PENDING CHARGE Class B Premise Allow Patron After Hours DATE 12/6/2020



BUSINESS RENEWAL APPLICATION

Office of the City Clerk License Division
200 E. Wells St. Room 105
Milwaukee, WI 53202
(414) 286-2238 www.milwaukee.gov/license

Office Use Only:	App # _____
N Objs No _____ Yes _____	Chgs _____
Filed _____	Initials _____
Paid _____	MPD _____
Granted _____	Lic # _____
AD 3	

Licenses Being Renewed:

BTAVN 208096

PEP 6568

Filing Deadline: 4/12/2021

\$25.00 Late Fee Assessed After \$25.00

BUSINESS CONTACT INFORMATION

Section 1	Legal Entity Name :ARO Management LLC	Trade/DBA:The Miramar Theatre
	Phone:(262) 408-7533	E-mail: Aaronohlsson@gmail.com
	Premises Address (include city/state/zip): 2844-46 N OAKLAND AV Milwaukee WI 53211	
	Mailing Address (include city/state/zip): 2844-46 N OAKLAND AV Milwaukee WI 53211	

AGENT OF CORP/LLC/NONPROFIT / SOLE PROPRIETOR / 1ST PARTNER

Section 2	FULL LEGAL NAME (Last, First & Middle Initial): OHLSSON, Aaron, Agent	Date of Birth: 1/3/1990
	Home Address (include city/state/zip): 1680A N. Franklin PI, Milwaukee, WI 53202	
	Driver's License Number/State ID #: 0425-0169-0003-08 State: WI	
	Percent % of Ownership Interest: 100%	Home Phone:

LIST ALL PERSONS WITH 20% OR MORE OWNERSHIP INTEREST / ADDITIONAL PARTNER(S)

Section 3	FULL LEGAL NAME (Last, First & Middle Initial):		Date of Birth:
	Home Address (include city/state/zip):		
	Driver's License Number/State ID #: - - - - - - - - - - State:		
	Percent % of Ownership Interest:	Home Phone:	Cell Phone:
	FULL LEGAL NAME (Last, First & Middle Initial):		Date of Birth:
	Home Address (include city/state/zip):		
	Driver's License Number/State ID #: - - - - - - - - - - State:		
	Percent % of Ownership Interest:	Home Phone:	Cell Phone:

☐ Check if there are additional persons with 20% or more ownership interest or partners. Complete additional sheets as necessary.

REQUIRED SIGNATURE

Section 4	1. The undersigned understands that applicants are required to inform the City Clerk within 10 days of any changes in any of the information supplied in this application.
	2. The undersigned has knowledge of the City Ordinances currently regulating the license applied for herein, and understands that the license may be subject to suspension, non-renewal or revocation, if the applicants violate any rule or regulation relating to the license.
	3. The undersigned understands that applicants shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.
	4. I/we state that this application for a license is not made for and behalf of any other person and that the applicant is not acting as an agent for, or in the employ of another.

Sole Proprietor, a Partner, or if a Corporation or LLC, the agent must sign Aaron Ohlsson
Aaron Ohlsson (Apr 12, 2021 23:01 CDT)

Office Use Only:

Current License: ☐ New ☐ Renewal Granted: ☐ No Issues ☐ WL ☐ Suspension ☐ Other _____

2021-2022 Plan of Operation for 2844-46 N OAKLAND AV**1. Litter & Security Plans**How are the grounds kept clean? ☒ Sweep ☐ Pressure Wash ☐ Pick Up Litter ☐ Other:How often will grounds be cleaned? ☒ Daily ☐ Weekly ☐ Other:Who cleans the grounds? ☐ Licensee ☐ Building Owner ☒ Employees ☐ Hired Maintenance ☐ Other:How are noise issues prevented and/or addressed? ☒ Security ☒ Manager approaches customer(s) ☐ Call Police ☒ Signs Posted
☐ Other:Are there designated outdoor smoking areas? ☒ No ☐ Yes If Yes, Describe:Number of garbage cans: Inside 8 Locations: Exits, Bars, Throughout venue
Outside 2 Locations: _____Is a crowd control barrier used? ☒ No ☐ Yes If Yes, Describe:Number of restrooms: 4 Name of solid waste contractor: Advanced DisposalAre there parking spaces on the premises? ☒ No ☐ Yes If Yes, list number of spaces: _____ and describe security plans:Are there designated loading areas? ☐ No ☒ Yes If Yes, describe security plans:
Security staff monitorsDo you have security personnel on the premise? ☐ No ☒ Yes If Yes, how many? up to 6AND What are their responsibilities? ID checks, pat downs, crowd control, monitor for underage drinkingWhat security equipment do they use? scanner, wand

List their licensing, certification or training credentials: _____

Are there security cameras? ☐ No ☒ Yes If Yes, list all locations: Exits, Box Office, Bars, VenueAre searches and/or identification checks conducted upon entry? ☐ No ☒ Yes If Yes, describe:

IDs are checked and patrons are pat down/wanded. Each patron is given a wristband that signifies if they are over or under 21. Wristbands must be worn.

2. Percentage of Sales (must total 100%)Alcohol 90 % Food Sales _____ % Entertainment 10 % Other _____ %**3. Businesses On The Premises (choose all that apply):**☐ Restaurant ☐ Cafe/Coffee Shop ☐ Cocktail Lounge ☐ Convenience Store ☐ Night Club ☐ Liquor Store ☐ Tavern ☐ Sports Facility
☐ Hotel ☐ Banquet Hall ☐ Supermarket ☐ Private/Fraternal/Veterans' Club ☐ Other:**4. Hours of Operation and Age Restriction**Are there any changes to the current hours of operation or age restriction? ☒ No ☐ Yes If Yes, Describe:**Please Note: If you will be open earlier or later than the hours listed on your current license for even one event or holiday (for example, St. Patrick's Day, Brewers Opening Day, etc.) during the license period, this must be reported and printed on your license.**

Your hours of operation and age restriction are listed on your current license.

5. Floor Plan and CapacityAre you requesting any changes to your capacity or floor plan*? ☒ No ☐ Yes If yes, describe: _____ and submit a new floor plan with this renewal application. A sample plan can be found online at www.milwaukee.gov/licenses under License Forms and Related Information.

Alcohol/Food Establishments: A "Permanent Extension of Premises Application" is required if you are adding any square footage to the licensed premises.

6. Sidewalk Dining: Fee:Are there any changes to the sidewalk dining site plan? ☒ No ☐ Yes If Yes, submit an updated site plan with this application.**7. Food License: Fee:**Your current food license includes the following food operations: Are there any changes to your food operations as listed above? ☒ No ☐ Yes, if Yes, explain
_____**8. Weights and Measures: Fee:**Number/Type of Devices:
Are there any changes to the number or types of devices? ☒ No ☐ Yes
If yes, contact our office for further instructions.

1. CURRENT APPROVED ENTERTAINMENT for The Miramar Theatre 2844-46 N OAKLAND AV

The following types of entertainment have been approved for your current Public Entertainment Premises license:

Battle of the Bands, Comedy Acts, Disc Jockey, Magic Shows, Poetry Readings, Dancing by Performer(s), Wrestling, Instrumental Musicians, Bands, 120 Concerts, 15 Theatrical Performances

2. ADDING ENTERTAINMENT

If applicable, check any entertainment you wish to add: **ONLY CHECK ENTERTAINMENT TYPE(S) YOU ARE ADDING. YOUR CURRENT APPROVED ENTERTAINMENT IS LISTED ABOVE.**

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Instrumental Musicians | <input type="checkbox"/> Bands | <input type="checkbox"/> Battle of the Bands | <input type="checkbox"/> Comedy Acts |
| <input type="checkbox"/> Disc Jockey | <input type="checkbox"/> Magic Shows | <input type="checkbox"/> Poetry Readings | <input type="checkbox"/> Dancing by Performers |
| <input type="checkbox"/> Jukebox | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Patron Contests | <input type="checkbox"/> Patrons Dancing |
| <input type="checkbox"/> Adult Entertainment/
Strippers/Erotic Dance | <input type="checkbox"/> Karaoke | <input type="checkbox"/> Bowling Alley | <input type="checkbox"/> Pool Tables |
| <input type="checkbox"/> Motion Pictures (movies by admission)
How many screens? _____ | <input type="checkbox"/> Amusement Machines
How many? _____ | <input type="checkbox"/> Concerts
Approx. # per year? _____ | <input type="checkbox"/> Theatrical Performances
Approx. # per year? _____ |
| <input type="checkbox"/> Other: _____ | | | |

No entertainment changes can take place until approved by Common Council and a new license has been issued and posted on the premises.

3. REMOVING ENTERTAINMENT

If applicable, list any entertainment you wish to remove:

4. PROMOTERS/SOUND AMPLIFICATION

Will promoters ever be used for any of the entertainment? ☐ No ☒ Yes If Yes, Describe: **Street team**

At any time will sound amplification be used? ☐ No ☒ Yes If Yes, Describe: **Professional JBI system**

5. SIGNATURE

I understand that after the license has been issued, a change to the plan of operation will require a written request to change and approval from the Common Council.

I agree to inform the City Clerk within 10 days of any substantial changes in the information supplied in this application.

I understand that I shall not willfully refuse to provide the services offered under this license, or add charges or require deposits not required of the general public because of race, color, sex, religion, national origin or ancestry, age, handicap, lawful source of income, marital status, sexual orientation, gender identity or expression, familial status or the fact that a person is now or has been a member of the military service, whether dressed in uniform or not; and shall not seek such information as a condition of employment, or penalize any employee or discriminate in the selection of personnel for training or promotion on the basis of such information.

I have knowledge of the City Ordinances currently regulating public entertainment, and understand that the license may be subject to suspension, non-renewal or revocation, if I violate any rule, law or regulation of the city of Milwaukee and State of Wisconsin.

Aaron Ohlsson

Aaron Ohlsson (Apr 12, 2021 23:01 CDT)

Signature of Sole Proprietor, a Partner, or if a Corporation or LLC, the Agent must sign



CENTER FOR THE VISUAL & PERFORMING ARTS LICENSE SUPPLEMENTAL RENEWAL PLAN OF OPERATION

Office of the City Clerk License Division

200 E. Wells St. Room 105, Milwaukee, WI 53202

(414) 286-2238 e-mail address: license@milwaukee.gov www.milwaukee.gov/license

What's New? License fees are now based on the capacity of your establishment. See chart at the bottom of page.

Legal Entity Name: ARO Management LLC
Premise Address: 2844-46 N OAKLAND AV Milwaukee WI 53211
What are your plans to ensure underage patrons are not served alcoholic beverages?
Security IDs each patron upon entry as well as performs wand/pat down. Then the guests are given wristbands to indicate if they are over or under 21. Bar tenders only serve to patrons with 21+ wristbands.
What are your plans to ensure underage patrons do not drink alcoholic beverages while on your premises?
Security is present in the bar area and venue. They patrol to ensure nobody under 21 has alcohol. Any violators are removed from the premises.
How do you plan to ensure that underage patrons are not on your premises after Milwaukee curfew?
All-ages shows end prior to curfew.
What are your plans for security at the premises?
There are upto six security personell per show. They perform pat downs, ID checks, and scan IDs. They are posted on state, at exits, and they patrol the crowds.
SIGNATURE
I confirm that all information is true and correct. I understand I am required by law to inform the City Clerk of changes to this information within ten days.
<div style="display: flex; justify-content: space-between;"> <div> <u>Aaron Ohlsson, Member</u> Print Name and Title of Individual, Partner, Member, Officer, or Agent of Corporation/LLC. </div> <div> <u>Aaron Ohlsson</u> <small>Aaron Ohlsson (Apr 12, 2021 23:01 CDT)</small> Signature </div> </div>

Capacity	Fee
25 or fewer persons or a premises without a specified capacity	\$150
26-79 persons:	\$250
80-99 persons:	\$375
100-149 persons:	\$500
150-179 persons	\$700
180-299 persons:	\$1,000
300-499 persons:	\$1,500
500 or more persons:	\$2,000